

RECEIVED
CENTRAL FAX CENTER

APR 13 2007

CALFEEFacsimile Cover

Calfee, Halter & Griswold LLP

1400 McDonald Investment Center
800 Superior Avenue
Cleveland, Ohio 44114-2688
216.622.8200 Phone
216.241.0816 Fax1100 Fifth Third Center
21 East State Street
Columbus, Ohio 43215-4243
614.621.1500 Phone
614.621.0010 Fax
www.calfee.com

Date: April 13, 2007

To: USPTO

Fax Number: 571.273.8300

Send Only to the Above Fax Number: X

Confirmation Phone Number:

From: Kristin J. Frost, Esq.

Direct Dial Phone Number: 216.622.8895

Client Number: 24913 Matter Number: 04004 Client Name: Swabey Ogilvy Renault

Number of Pages: 10, including cover page

Message:**U.S. Patent and Trademark Office Filing**

Re: Serial No. 10/508,738

Title: Chemotherapeutic Agents as Anti-Cancer
Adjuvants and Therapeutic Methods Thereof

This facsimile transmission contains confidential and/or legally privileged information from the law firm of Calfee, Halter & Griswold LLP intended only for the use of the individual(s) named on the transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately so that we can arrange for the return of the documents to us at no cost to you.

If there is a problem with this transmission, please contact the Fax Department at: 216.622.8426, 216.622.8427, or 216.622.8428. Facsimiles can be received 24 hours per day, 7 days a week at 216.241.0816. Thank You.

Fax Operator's Initials:

Sent By: DHTime: 5:30

Logged By: _____

Time: _____

PTO/8B/17 (02-07)

Approved for use through 02/28/2007. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181).**FEE TRANSMITTAL**
For FY 2007**Complete if Known**

Application Number	10/508,738
Filing Date	March 25, 2003
First Named Inventor	Eric Simard
Examiner Name	Zachariah Lucas
Art Unit	1809
Attorney Docket No.	24913/04004

RECEIVED
CENTRAL FAX CENTER**APR 13 2007**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month extension of time**Fees Paid (\$)**

60

SUBMITTED BY

Signature

*Kristin J. Frost*Registration No. 50,627
(Attorney/Agent)

Telephone 216-622-8895

Name (Print/Type) Kristin J. Frost

Date April 13, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.